

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16400

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4100

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Hotel - 16 N 7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Edith E. Haradon

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married.
2 divorced Widowed

6. (b) Name of husband or wife. Parnach Haradon 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased July 3, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 28 hr. min.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name David Smith

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Saul

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel M. Hetrick

(b) Address Ft. Oglethorpe, Ga.

17. (a) Burial (b) Date thereof 5/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAY 3 1944 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. American Hotel - 6 N 7th St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1944 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Interosseal Duration

Cardiac Hypertrophy

Chronic Interstitial

Nephritis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature James P. Brink (M.D. or other)

Address Deputy Date signed 5-3-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred Truck

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4120

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edith E. Hasaden

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife If alive years

7. Birth date of deceased July 3 1888
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 13 If less than one day, hours min.

9. Birthplace Reun.
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business Reun. Plant Equipment Co.

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) MAY 25 1944 (b) J. F. Presick
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1944 to 1944, 19 1944;
that I last saw him alive on 1944, 19 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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